

Botball Educational Robotics Program

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KISS Institute for Practical Robotics

Audio/Photo/Video Release

Student Must Have a Completed Form on File In Order To Participate in the Botball Educational Robotics Program

Please Type or Print Plainly

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Student Name: _____

School or Organization: _____

Team Leader: _____

Student Home Address: _____

City, State & Zip: _____

Parent/Guardian Authorization Statement: Must Be Signed By Parent Or Guardian (If over 18, students can sign themselves.)

Parent / Guardian's Signature:

_____ Date: _____